

# **TRURO TAXATION AID COMMITTEE**

## **Elderly and Disabled Fund**

**-- Fiscal Year 2015 --**

### **Guidelines**

**and**

### **Application\*\***

**\*\*Must be submitted by Monday, December 30, 2014**

**All information supplied to the Committee will be held in the strictest of confidence  
and not be open for public inspection.**

**TO: Town Treasurer, Truro Town Hall, PO Box 2012, Truro, MA 02666-2012**

**(Town Treasurer 508-349-7004 x14) (10/1/2014)**

**TRURO ELDERLY AND DISABLED FUND  
FISCAL YEAR 2015**

**APPLICATION GUIDELINES**

**This fund was established to provide taxation assistance for the elderly and disabled residents of Truro from volunteer contribution of its citizens on their real estate tax forms. The fund was authorized by vote of Annual Town Meeting, April 13, 1999, Article 13 (acceptance of Massachusetts General Law Chapter 60, Section 3D). The eligibility criteria for assistance from this fund, is as follows:**

- **Applicant must own and occupy the real estate in Truro as his or her primary domicile.** An applicant must be the titled owner of the property or hold a life estate in the property. If title is held by a trust, the applicant must be both a trustee and at least a 50% beneficiary of the trust in order to qualify. Applicant must also have resided in the Town and held title to the taxed property a full calendar year prior to submission deadline.

- **Applicant must be elderly or disabled.**

“**Elderly**” is defined as a person who is at least 65 years of age on or before July 1, 2014 for which aid is being requested.

“**Disabled**” is defined as a person who is not able to work due to illness or accident and is currently receiving benefits from one or more of the following programs based on a determination of disability: Social Security Administration, SSI or Medicaid, Veterans Administration, Workers Compensation, or any other such program or agency providing public/financial assistance due to the disability.

- **Total yearly household income, *including Social Security*, must be less than \$35,000 if single, or less than \$45,000 if married.**

## **TRURO ELDERLY AND DISABLED FUND FISCAL YEAR 2015**

### **APPLICATION PROCESS**

- Taxation aid assistance will be awarded on an annual basis.
- Application forms will be available at Truro Town Hall, Truro Public Library, Truro Council on Aging, and on the Town of Truro website ([www.truro-ma.gov](http://www.truro-ma.gov)).
- Applications for Fiscal Year 2015 will be due no later than **December 30, 2014** and must be accompanied, if filed, by a copy of your entire **2013** Federal Income Tax return and any supporting documents indicating disability benefit receipts.
- Return completed Application to: Town Treasurer, Truro Town Hall, PO Box 2012, 24 Town Hall Road, Truro, MA 02666-2012
- We suggest you first avail yourself of the exemptions offered by the Board of Assessors. These include exemptions for Veterans, Elderly, Blind and Widowed Spouse or Children (for complete list and detailed information contact the Board of Assessors). A home owner is **NOT** eligible for the Truro Elderly and Disabled Tax fund if they are eligible for a Clause 41A Property Tax Deferral. Under no circumstances will the total exemptions combined with the taxation aid assistance exceed the total of your current tax bill.
- All information supplied to the Committee will be held in the strictest of confidence and not be open for public inspection.
- In reviewing eligible applications, consideration will also be given to an applicant's overall financial situation as determined by value of other assets, personal property owned, living expenses and unusual financial hardship.

### **DISTRIBUTION OF FUNDS**

- The funds will be disbursed on a needs basis, as determined by the Committee's application of the eligibility guidelines. Since the fund is replenished annually through voluntary contributions, no set dollar amount can be established for any particular year. If taxation aid assistance is awarded, it will be applied to the Fiscal Year 2015 tax bill and the applicant will be notified by mail.

**TRURO ELDERLY AND DISABLED FUND  
FISCAL YEAR 2015**

**APPLICATION**

Name \_\_\_\_\_ Age \_\_\_\_\_ Marital Status \_\_\_\_\_

Nature of disability (if applicable) \_\_\_\_\_

Address of Property \_\_\_\_\_ Parcel ID \_\_\_\_\_ (from tax bill)

Mailing Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Assessed value of residence (from tax bill) \_\_\_\_\_

Years owned \_\_\_\_\_ Is this your **Primary Domicile**? \_\_\_\_ Yes \_\_\_\_ No

**Primary domicile** is defined as consisting of three elements:

- (1) **actual physical presence;**
- (2) **at a fixed dwelling place;**
- (3) **with the intention to remain permanently**

If in Trust, list Trustee(s): \_\_\_\_\_

**A. TOTAL GROSS INCOME (page 4)** \$ \_\_\_\_\_

**B. TOTAL ESTIMATED ASSETS (page 4)** \$ \_\_\_\_\_

**C. TOTAL ESTIMATED VALUE Personal Property Owned (page 5)** \$ \_\_\_\_\_

**D. TOTAL EXPENSES (page 5)** \$ \_\_\_\_\_

Have you applied for, or are you receiving, any other exemptions or financial assistance? If so, please explain: \_\_\_\_\_

Are there any unusual or extraordinary circumstances affecting your financial situation that you wish to have considered with this application? If so, explain on page 6.

DO YOU OWN ANY OTHER REAL ESTATE? \_\_\_\_ Yes \_\_\_\_ No If so, where is it located and what is the assessed value:

\_\_\_\_\_  
\_\_\_\_\_

**TRURO ELDERLY AND DISABLED FUND  
FISCAL YEAR 2015**

<b>A. INCOME (GROSS)</b>	<b>ANNUAL</b>	<b>COMMENTS</b>
Wages, salary or business revenue:	\$ _____	_____
Social Security	\$ _____	_____
Retirement (Federal, MA & Political Subdivisions)	\$ _____	_____
Workers Compensation, Unemployment:	\$ _____	_____
Disability, Supplemental SSI:	\$ _____	_____
Interest & Dividends:	\$ _____	_____
Other Income: (Rent, IRA's, Trust Income, Annuities, etc.)	\$ _____	_____
Other (please specify): _____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
<b>A. TOTAL GROSS INCOME</b>	<b>\$ _____</b>	<b>_____</b>
<b>B. ESTIMATED ASSETS</b>		
Savings, Checking, Money Markets	\$ _____	Total amount
CD, Annuities, IRA's, 401K's	\$ _____	Total amount
Stocks, Bonds	\$ _____	Total amount
Mutual Funds	\$ _____	Total amount
Other investments (please specify) _____	\$ _____	Total amount
_____	\$ _____	Total amount
<b>B. TOTAL ESTIMATED ASSETS</b>	<b>\$ _____</b>	

**TRURO ELDERLY AND DISABLED FUND  
FISCAL YEAR 2015**

<b>C. PERSONAL PROPERTY OWNED</b>	<b>ESTIMATED VALUE</b>	
Vehicles, Boats	\$ _____	
Jewelry, Art	\$ _____	
Antiques, Collections	\$ _____	
Other personal possessions of value	\$ _____	
<b>C. TOTAL ESTIMATED VALUE</b>	<b>\$ _____</b>	
 <b>D. EXPENSES</b>	 <b>ANNUAL</b>	 <b>COMMENTS</b>
Mortgage Payment	\$ _____	_____
Electric, Heating (gas & oil)	\$ _____	_____
Phone, Cable	\$ _____	_____
Food, Clothing	\$ _____	_____
Car Loans, etc	\$ _____	_____
Credit Cards	\$ _____	_____
Medical Bills (including prescription drugs)	\$ _____	_____
Insurance (Medical, Life)	\$ _____	_____
Insurance (House, Auto)	\$ _____	_____
Other (please specify): _____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
 <b>D. TOTAL EXPENSES</b>	 <b>\$ _____</b>	 <b>_____</b>

**NOTE: If filed, copy of 2013 Federal Tax Return must be submitted with this application**

**TRURO ELDERLY AND DISABLED FUND  
FISCAL YEAR 2015**

Unusual circumstances or additional comments:

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**CERTIFICATION**

I certify that the information I have provided in this application (including supporting documentation) is complete and accurate. I understand that all information is subject to verification. I understand that if approved and the Town of Truro becomes aware of any fraudulent activity related to my application, my assistance will terminate and I will return all funds received to the Town of Truro within 120 days of notification of termination. I authorize the Town of Truro to obtain further information as necessary to complete the application process, verify accuracy of any information provided, or require additional information necessary to determine eligibility.

SIGNATURE(S) \_\_\_\_\_ DATE \_\_\_\_\_  
(Signed and submitted under the pains and penalties of perjury)

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For Taxation Aid Committee Use Only

**Taxation Aid Committee Final Action**

Date Denied: \_\_\_\_\_

Date Granted: \_\_\_\_\_ Amount: \$ \_\_\_\_\_